

# DIVIDENDS

A

REPORT

OF

STEWARDSHIP

1997

 RUSH

RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

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COMBINED  
FINANCIAL  
SUMMARY



"I was really scared to death. The surgery made sure that

what  happened to me before wouldn't happen again." — Heart patient


Darrell Grant. "They said I'd never walk again and here

I'm climbing stairs." — Tony Trojnar, cartilage  transplant patient.

"After the frightening diagnosis, the Rush staff reassured us that

cancer can be beaten." — Joy Eneogwe, mother of leukemia

patient, Nene. "Since I was seven years old, all I've wanted to

do was to become  a physician." — Scholarship

recipient Clarence Parks, MD. "Thanks to my transplant, I can look forward

to enjoying my life with the people that I love.



In the end,

that's the greatest benefit." — James Staros, pancreas-kidney

transplant patient. "Scientists look under a lot of rocks.

Sometimes we make discoveries that change the way we think about health and

disease." —



Cheryl Knudson, PhD, biochemist. "I'm very fortunate that

my doctor referred me to Rush. I'm convinced it gave my

babies a better chance." — Jennifer Morgan, who gave birth to

premature twins at Rush Children's Hospital. "Today, I live a normal

life. That's a gift." — Krista Okrezesik, bone transplant patient.





*When the Campaign*

*for Rush began*

*in 1991, we asked*

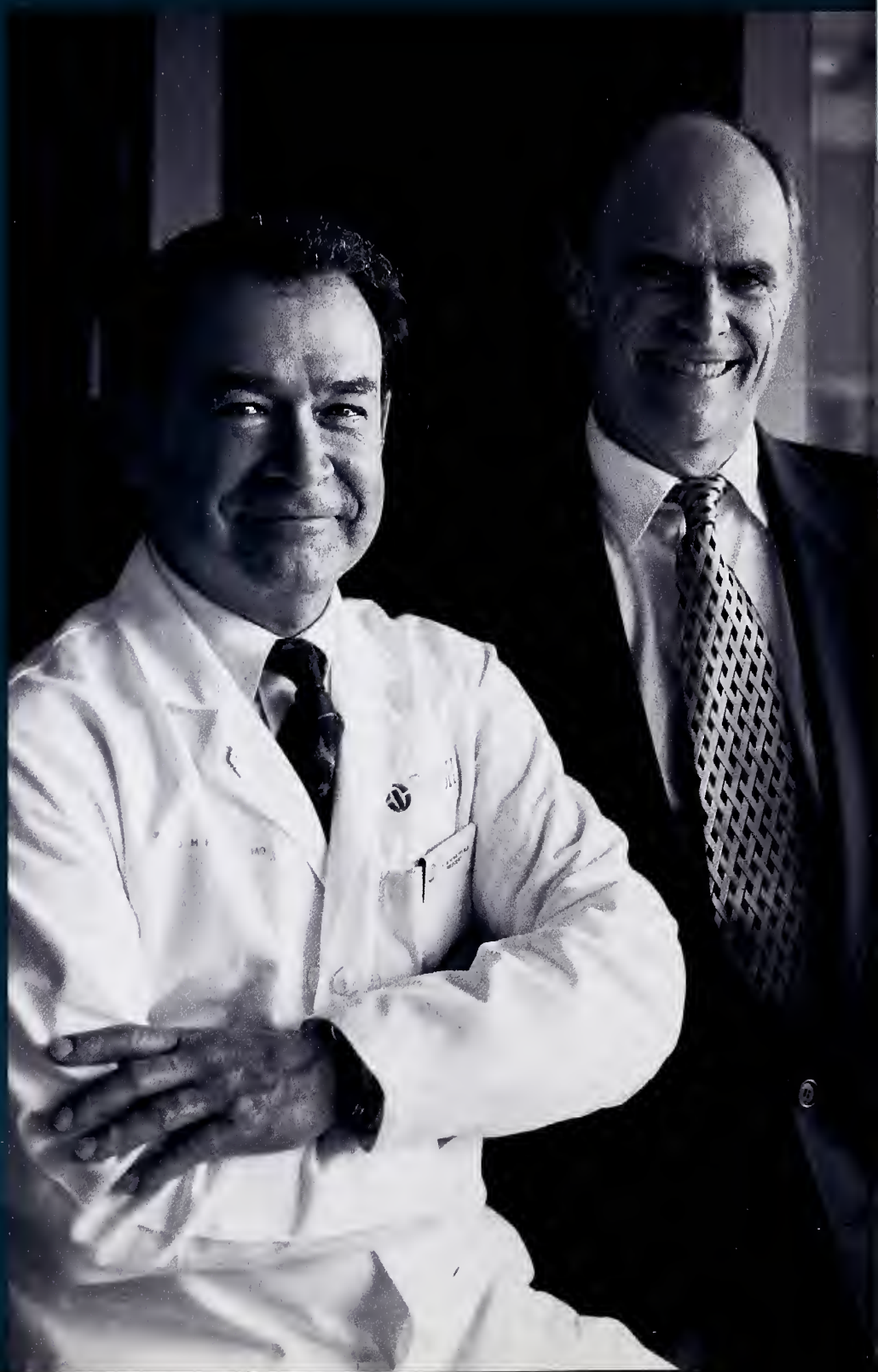
*the people of*

*Chicago to invest*

*in the Medical*

*Center's vision*

*of the future.*



# DIVIDENDS

**W**E ASKED THEM TO INVEST IN A FUTURE IN WHICH RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER WOULD CONTINUE TO BREAK NEW GROUND IN HEALING THE SICK, EDUCATING HEALTHCARE PROFESSIONALS TO CARE FOR THEM, FINDING ANSWERS TO THE MYSTERIES OF ILLNESS AND SERVING THOSE IN NEED.

We asked people to invest in the Rush Institutes, centers of excellence to address the major health problems facing the Chicago community and the nation as a whole. These centers combine research and patient care to speed the implementation of knowledge gained through research to patients. We asked members of the community to invest in Rush University, where, for more than 160 years, faculty have been leaders in developing new approaches to health education. And we asked them to support our efforts to address the myriad problems caused by poverty.

In May of this year, we celebrated the fact that our Campaign had raised \$222 million, surpassing the original goal of \$160 million. And we have raised more than three-quarters of the funds needed to build a state-of-the-art research building. This success is due to the many individual people, families, corporations and foundations that invested in our mission.

Those who make an investment have a right to expect a return on that investment. Those who invest in the work of Rush-Presbyterian-St. Luke's Medical Center earn dividends of knowing they have helped improve the lives of the tens of thousands of people who walk through our doors every year: the patients with life-threatening illnesses; the students preparing to provide state-of-the-art care for those patients in the future; the members of the community who need special assistance to remain healthy; and the scientists searching to make life better tomorrow.

The stories in this Report of Stewardship demonstrate just a few examples of the ways Rush has used the resources entrusted to us to reap rewards for the people of Chicago and beyond.




Marshall Field,  
Chairman



Leo M. Henikoff, MD,  
President and Chief Executive Officer





When Darrell Grant had a stroke at age 38, he thought his life was over. Now he's getting ready for scuba diving next spring.



# PATIENT CARE

FIGHTING

HEART

DISEASE

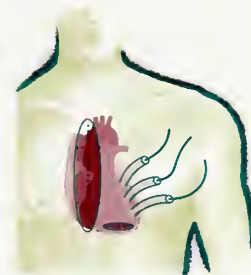
ON

ALL

FRONTS

**A**T THE AGE OF 38, PORTAGE, INDIANA, STEELWORKER DARRELL GRANT SUFFERED A MILD STROKE. He was referred to Rush, where doctors discovered a previously undetected heart defect. Surgery to repair the hole between the two upper chambers of his heart would allow Grant to resume a normal life. But, until last year, repairing such a defect would have meant open-chest heart surgery, with three to six months of recuperation. Rush was the first medical center in Chicago to use a new technique that allowed Grant to return to work in just a few weeks. An avid scuba diver, he looks forward to returning to his passion in the spring.

In traditional open-heart surgery, the surgeon must split the breast bone to gain access to the heart. A new minimal-access procedure, just approved by the Food and Drug Administration, uses several small incisions in the chest wall. Through these "ports" between the ribs, a catheter delivers a drug to stop the heart, and a heart-lung machine is attached through an artery in the leg. Using a camera, fiber optics and special instruments, the surgeon repairs the hole.



The Heart Port allows surgeons to repair the heart with minimal damage to other tissue.



**R**esearchers, physicians and other healthcare professionals at Rush are continually exploring improved methods of diagnosis, treatment and prevention of America's number-one killer. Nearly 1 million Americans die every year from heart disease — more than 40 percent of all deaths. During the Campaign for Rush, nearly \$12 million was raised to help doctors and scientists at the Rush Heart Institute develop leading-edge care for this disease.

#### IMPROVING DIAGNOSIS

Using electron-beam tomography, experts at the Rush Heart Institute can detect plaque buildup in the coronary arteries years before symptoms occur. This simple, painless test allows doctors to detect a major risk factor for cardiovascular disease and work to prevent damage to the heart and cardiovascular system.

Using positron emission tomography (PET), doctors at the Rush Heart Institute can identify “hibernating” heart muscle. The PET scanner can make fine distinctions between tissue that is dead and tissue that is alive but does not function. Surgeons then can perform bypass surgery to restore blood supply, and the patient's heart can pump normally. Rush is the only medical center in the area using the PET scanner for diagnosis of heart disease.

#### CURING HEART RHYTHM DISORDERS

Extremely rapid heartbeat, called supraventricular tachycardia, causes frightening palpitations, shortness of breath and loss of consciousness. Using tiny catheters threaded into the heart, doctors at the Rush Heart Institute can “map” the heart's electrical activity to pinpoint the source of the rapid heartbeat, then obliterate it with an electrical current. More than 90 percent of patients are cured with the treatment.

#### EXPLORING AN ALTERNATIVE TO TRANSPLANT

Each year, more than 400,000 patients are diagnosed with congestive heart failure, a condition in which the heart muscle becomes too weak to pump adequately. For some patients, a heart transplant offers the only hope for survival. Rush is one of only nine centers nationwide testing a new electrical device that may provide a solution to patients who are not eligible for transplant due to age or other health problems. Studies will determine whether electrical assist devices, now used temporarily for patients awaiting transplant, can save lives and improve quality of life over the long term. The assist device may provide an alternative to transplant for patients with severe heart failure.

#### PRESCRIBING AN OUNCE OF PREVENTION

Prevention remains the best way to tackle heart disease, before it has destroyed the coronary arteries or weakened the heart muscle. Studies at Rush show that many patients who have suffered heart attacks, even those with normal cholesterol, are helped by cholesterol-lowering drugs. Doctors also treat patients with vitamin therapy to reduce the levels of homocysteine, a protein now believed to be an important factor in coronary artery disease.

#### THE MIND-BODY CONNECTION IN HEART DISEASE

Studies show that depressed patients are more likely to have second and fatal heart attacks than patients who are not depressed. Rush is the lead site for a multicenter national study, funded by the National Institutes of Health, to examine whether treatment of depression will improve patients' cardiovascular health.



Rush is the only Chicago hospital using an FDA-approved implantable device that sends electrical signals to the brain to reduce the occurrence of epileptic seizures. Rush neurologists led the Chicago study of the device.

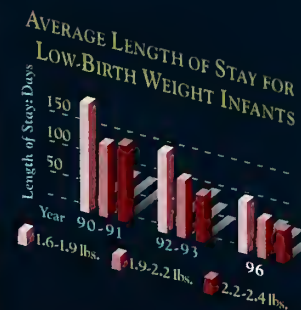


In June 1997 ground was broken for the Rush-Cook County CORE Center for the Prevention, Care and Research of Infectious Diseases, the nation's first tree-standing outpatient facility for people with HIV/AIDS and related infectious diseases.



This year, Rush became the first center in Chicago to use an implantable device that stops tremors in patients with Parkinson's disease.

David McNeil, Rush's youngest heart transplant recipient, with pediatric cardiologist Brian Hanna, MD, PhD.



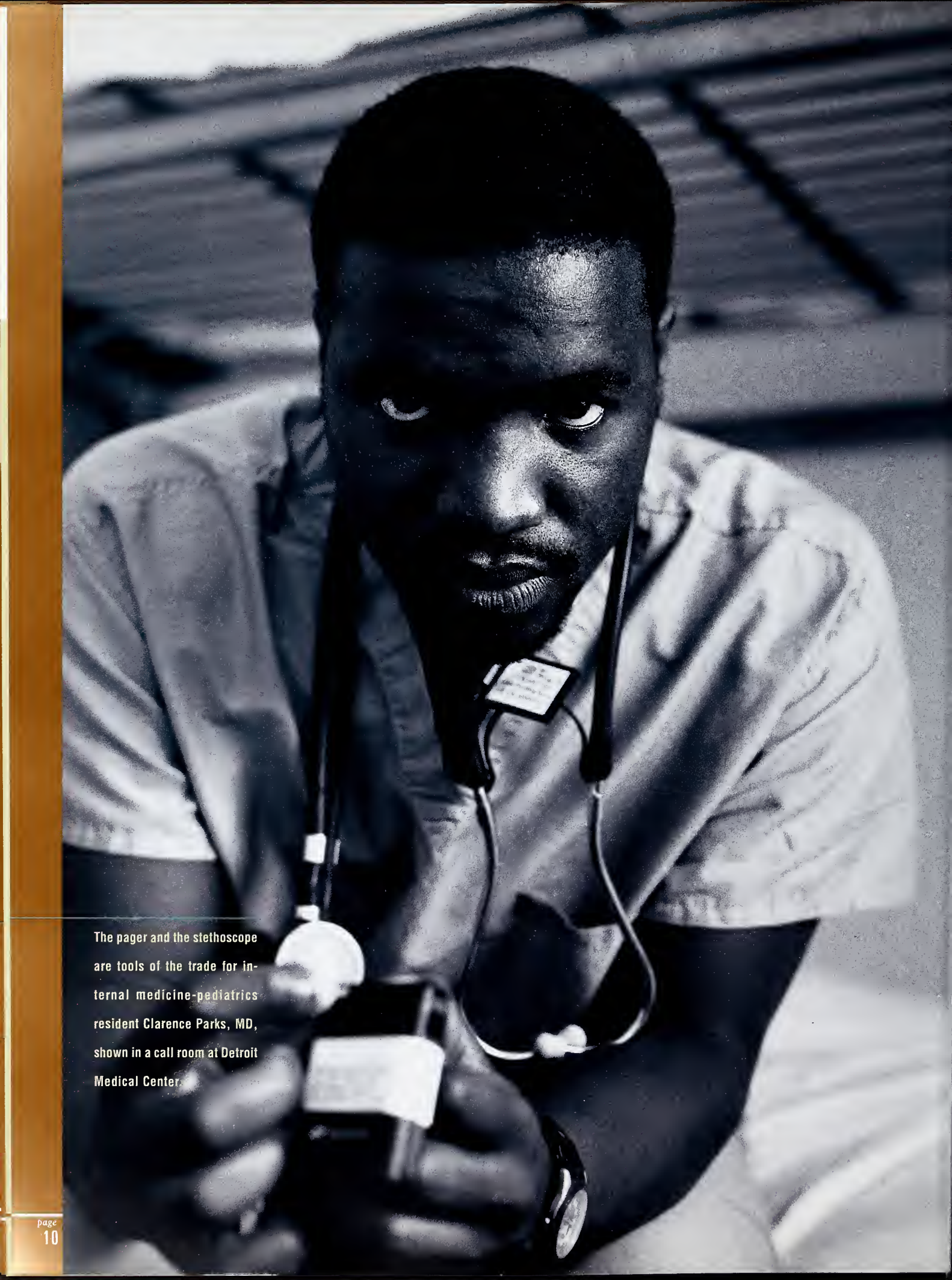
PATIENT CARE REMAINS AT THE CORE OF  
OUR MISSION: OUR VALUE IS MEASURED  
BY OUR SUCCESS IN HELPING PEOPLE  
LIVE LONGER AND HEALTHIER LIVES.

By treating problems in the womb and improving care after delivery, Rush Children's Hospital has made it possible for premature infants to go home sooner than infants at any other top neonatal units across the country.



Minimal-access heart surgery is just one of several new techniques in use at the Rush Heart Institute.





The pager and the stethoscope  
are tools of the trade for in-  
ternal medicine-pediatrics  
resident Clarence Parks, MD,  
shown in a call room at Detroit  
Medical Center.



# EDUCATION

EDUCATING

PHYSICIANS

FOR A

DIVERSE

SOCIETY

**M**EDICINE IS THE ONLY PROFESSION SOUTHSIDE CHICAGO NATIVE CLARENCE PARKS HAS SERIOUSLY CONSIDERED SINCE HE WAS 7 YEARS OLD. His interest was sparked by the doctors and nurses who cared for him when he was hospitalized with severe asthma for several weeks. Support from the Leonidas Berry, MD, Fund for Excellence and the Margaret V. Krehbiel Loan Fund made it possible for Parks to realize his lifelong dream. In June, he graduated from Rush Medical College, and he is now pursuing a dual residency in internal medicine and pediatrics at Wayne State University's Detroit Medical Center. The Berry Fund and other scholarship funds raised during the Campaign for Rush allow Rush University to continue to provide innovative leadership in health-sciences education.

## CONTINUING LEADERSHIP IN HEALTHCARE EDUCATION

From its beginnings in the last century, Rush has been a pioneer in medical education. Rush University, celebrating its 25th anniversary in 1997, has continued to provide progressive leadership in preparing tomorrow's healthcare professionals. Rush plays an active role in the Association of American Medical College's campaign to increase the number of minority members in the healthcare professions.



Clarence Parks gets a hand donning his graduation robes from fellow Rush Medical College grads.



Only 30 years ago, 93 percent of medical students in the United States were men, and 97 percent were non-Hispanic whites. Today, women represent 40 percent of medical students across the country. But African Americans like Parks, as well as Native Americans, Mexican Americans and Puerto Ricans, still represent only 12 percent of all medical students. Yet they account for almost 20 percent of the population at large.

#### PROVIDING CARE TO ALL OF SOCIETY

Rush Medical College reopened in 1971, dedicated to ensuring that good medical care was available to all those who need it. Studies have shown that a large percentage of minority physicians provide care to the poor and medically underserved.

Today, only slightly more than 2,000 medical students across the country are from underrepresented minority groups. The goal set by Rush and other members of AAMC is to have 3,000 minority students in medical school by the year 2000. Rush is committed to:

- Seeking out students who are interested in careers in medicine,
- Helping them to prepare academically for acceptance into medical school, and
- Providing the financial, academic and emotional support they need to successfully complete medical school and become superior physicians.

#### ENCOURAGING COLLEGE STUDENTS TO PURSUE THEIR DREAMS

Rush participates in a program to encourage college students in their desire for careers in medicine and to help them prepare adequately for entrance qualifications and examinations. The Minority Medical Education Program-Chicago Summer Science Enrichment Program is a six-week program that gives minority college students from across the country a chance to spend their summer vacations preparing for medical school.

Made possible in part by a \$1 million grant from the Robert Wood Johnson Foundation, the program is a collaborative effort between Rush and three other institutions — Loyola and Northwestern universities and the University of Chicago. During their six weeks in Chicago, 125 college students get a glimpse of what medical school is like. They take classes, visit clinics and receive tutoring in physics, chemistry and biology in preparation for the Medical College Admissions Test (MCAT). Faculty and staff from Rush University provide teaching, financial aid counseling and other services. Students are advised about how to improve areas of academic weakness to make sure they are fully prepared for the rigors of the qualifying examinations.

On the practice MCATs this year, students showed a significant increase in scores after just six weeks of classes and tutoring. Rush faculty stay in touch with the students when they return to undergraduate studies.

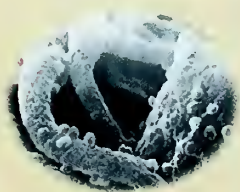
#### ENSURING A SUCCESSFUL MEDICAL SCHOOL CAREER

Rush also provides support for minority students in the Medical College. Once the students are accepted at Rush, efforts are made to obtain scholarship funds for those who need them. A program administered by the College's assistant dean for minority recruitment and retention ensures that students get whatever help they need to successfully complete their medical education.

Results so far are encouraging. About 60 percent of the minority graduates of the 1997 class chose residencies in primary care medicine: internal medicine, family medicine or pediatrics. This indicates that they will be prepared to provide care to the medically underserved in the future.



Last year, each first-year medical student was paired with a primary care physician and received clinical experience beginning in the first year rather than the third. This is part of Rush Medical College's efforts to increase the number of physicians entering generalist practice.



To prepare for the growing numbers of patients living with the human immunodeficiency virus (HIV), Rush College of Nursing has developed a new graduate program for clinical nurse specialists in HIV/AIDS.

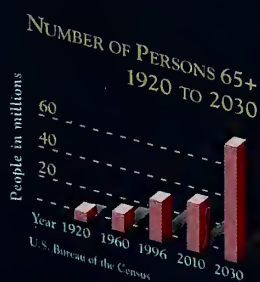
Rush College of Nursing graduate Tina Hayes received assistance from minority scholarship funds to complete her education.



EDUCATING YOUNG MEN AND WOMEN IN  
LEADING-EDGE MEDICINE FOSTERS A COMMIT-  
MENT TO EXCELLENCE AND SERVES AS A  
DOWN PAYMENT ON TOMORROW'S CARE.



Clarence Parks, MD, examines a patient at Detroit Medical Center.



More than 60 doctors, nurses and other healthcare professionals completed team training through the Rush Geriatric Interdisciplinary Team Training program (GITT) at four sites in the Rush System for Health. The GITT program, funded by the Hartford Foundation, is pioneering a new approach to training clinicians in care of the elderly.





Pathologist Harpreet Chopra, MD, and research assistant Margaret Showel hold blocks embedded with cancer tissue samples.



# RESEARCH

DECIPHERING

THE

MYSTERY

OF

CANCER

**E**VERY DAY IN A NORMAL HUMAN BODY, CELLS DIVIDE MILLIONS OF TIMES AS THE BODY REPAIRS ITSELF, SLOUGHING OFF DEAD TISSUE AND BUILDING NEW TISSUE. But sometimes during cell division, the DNA that contains the genetic code for each cell alters. Cell growth goes out of control, and cancer develops. Scientists believe the key to understanding and ultimately conquering cancer lies in understanding what cells do at this basic level.

For several years, investigators at the Rush Cancer Institute have been studying the processes by which normal cells become abnormal — in particular, the development of acute leukemia and its predecessor, myelodysplasia, the blood disorder that killed Paul Tsongas and Carl Sagan. Their goal is to design treatments for these diseases and even prevent them by changing abnormal cells back into healthy ones.

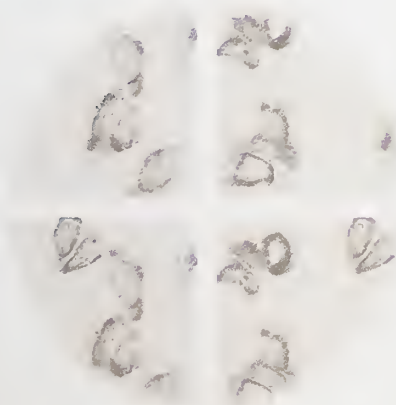
## A COMPREHENSIVE RESEARCH PROJECT

Funds raised for cancer research during the Campaign for Rush have provided essential support for this work. This year, the National Cancer Institute at the National Institutes of Health recognized the value of the research by awarding Rush a prestigious project-program grant of nearly \$10 million. Project-program grants are awarded only to research endeavors of significant breadth and depth.



Scientists are focusing on developing more effective cancer treatments.

Squamous cell cancer  
beneath a microscope. >



**U**nder the leadership of principal investigators at the Rush Cancer Institute, patients will be drawn for a variety of separate but related research protocols at a consortium of institutions: the University of Chicago, the University of Illinois, Cook County Hospital and nine other area hospitals. Scientists and physicians will follow a group of patients known to be at risk for myelodysplasia as a result of occupational exposure or certain types of cancer therapies. Laboratory studies will monitor cell changes. If researchers detect changes that indicate myelodysplasia is developing, they can administer biologic therapies to try to stop or reverse the changes before cancer develops.

#### EXAMINING CELL GROWTH AND DEATH IN CANCER

Investigators at the Rush Cancer Institute are among leaders in cancer research with their theories involving the regulation of the processes that control cell birth and death. When cell growth is working properly, there is a balance of cell growth and death. But in myelodysplasia, certain normal red and white cells produced in the bone marrow commit suicide.

Scientists at Rush theorize that myelodysplasia and leukemia result from an imbalance in the processes that control cell growth and death. In myelodysplasia, death of normal cells predominates, while in leukemia, abnormal cell growth predominates. Researchers at Rush are focusing on developing treatments for these diseases by bringing the processes of cell growth and death back into balance.

#### APPLYING GENE THEORIES TO BREAST CANCER

Although the term cancer is applied to more than 100 different diseases, all involve abnormalities of cell division. Researchers at Rush hope that what they learn from cancers such as leukemia will be applicable to other cancers.

In fact, a related study is under way at the Rush Cancer Institute's Comprehensive Breast Center. Researchers are comparing healthy and cancerous breast tissue in patients to discover how normal breast cells turn deadly. Using tissue obtained through needle biopsies, investigators examine five specific genes within the breast-tissue cells of breast cancer patients before the cancerous tissue is removed. Doctors hope to be able to discover cell changes that would eventually help identify other women at risk for breast cancer who might benefit from preventive therapy.

#### TAILORING BREAST CANCER TREATMENT

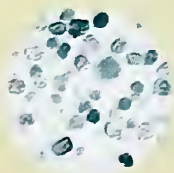
In other research, investigators are testing tamoxifen and a vitamin A derivative to prevent and treat breast cancer. Preliminary results show that large doses of a vitamin A derivative called fenretinide seem to shrink cancer. Researchers are now designing another study and treatment protocol for patients who have breast cancer that has spread within the breast or beyond by the time it is diagnosed. This condition appears in about 30 percent of African-American breast cancer patients and 10 percent of Caucasian patients. Researchers hope to determine whether these women have locally advanced cancer simply due to lack of screening and availability of medical care, or because they are afflicted with a more aggressive form of the disease. The answers will allow doctors to develop more effective treatments.



Ground will be broken in early spring for the new Robert and Terri Cohn Research Building. The \$42 million facility will provide state-of-the-art laboratory and office space for basic, clinical and comparative research.



The National Institutes of Health has funded a five-year, multisite study of asthma care led by researchers at the Rush Primary Care Institute. Asthma severity is rising, with hospitalization increasing by 24 percent for those under 20 years old.



Although the term cancer is applied to more than 100 different diseases, all involve abnormalities of cell division.

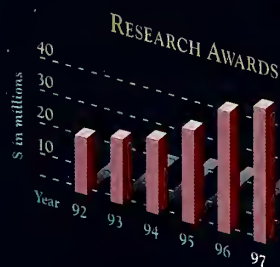
Scientists in the Rush Cancer Institute hope that answers discovered in the laboratory can be immediately applied to treat cancer patients.



MANY SCIENTISTS NEVER SEE A PATIENT, YET THEY INVEST THEIR INTELLIGENCE AND CREATIVITY IN AN EFFORT TO DEVELOP NEW AND BETTER SOLUTIONS TO THE PROBLEMS PATIENTS FACE.

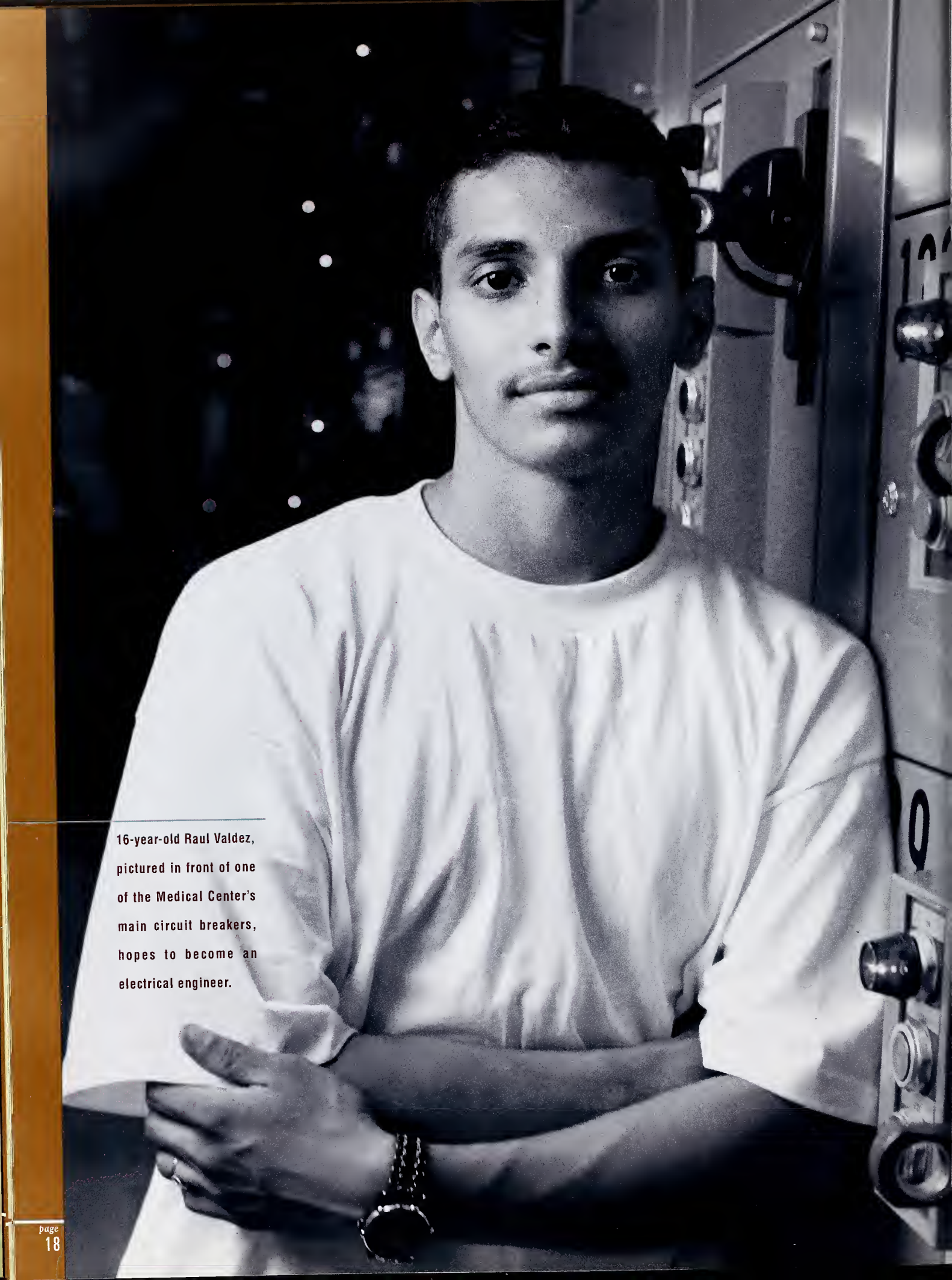


Researchers at the Institute are searching for answers to help breast cancer patients like Stephanie Holstlaw (left), and Janet Casey (right), shown with oncology nurse Carol Blendowski, RN.



Rush researchers received more than \$44 million in outside funding in 1997, and are conducting 2,315 research studies. Nearly 450 of these are involved with finding answers to problems related to cancer.





16-year-old Raul Valdez,  
pictured in front of one  
of the Medical Center's  
main circuit breakers,  
hopes to become an  
electrical engineer.



# COMMUNITY SERVICE

THE

BUSINESS

OF

HELPING

OUR

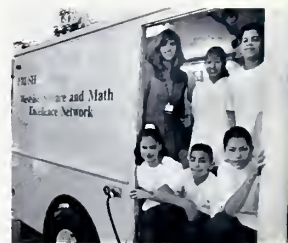
NEIGHBORS

**A** LOOK AT THE TEST SCORES FROM A HANDFUL OF WESTSIDE HIGH SCHOOLS SHOWS A DISMAL PICTURE. Depending on the school, between 50 and 86 percent of sophomore and junior students do not meet minimum state standards for reading, science and mathematics. In addition, estimates from the federal Bureau of Labor Statistics show that 10 of the 20 fastest growing occupations — registered nurses, general managers, systems analysts, home health nurse's aides, marketing supervisors, teacher aides, secretaries and teachers — require a foundation in mathematics and science.

## BUILDING PARTNERSHIPS FOR SUCCESS

A problem as complex as this cannot be tackled singlehandedly — it requires partnerships.

In 1990, Rush took a first step toward doing its part to address this problem. In partnership with Turner Construction Company, Rush turned an empty classroom at Hefferan Elementary School into a state-of-the-art science lab. It was the beginning of the Westside Science and Math Excellence (SAME) Network, dedicated to giving students in inner-city schools the "same" opportunities to excel in math and science as their counterparts in more affluent schools.

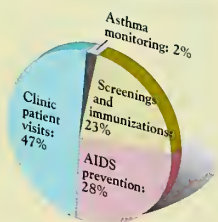


The SAME mobile science van travels to schools throughout Chicago.

**S**ince that time, the partnerships have grown. ServiceMaster, Gilbane Building Company and other businesses have joined Turner in remodeling or building seven science and math labs at Chicago public schools.



Rush physicians and nurses volunteer at the Pilsen Homeless Clinic, serving 30 patients each week. In its two years of operation, doctors at the clinic have diagnosed and treated new cases of active tuberculosis and other infectious diseases.



By the time they graduate, 75 percent of Rush Medical College students participate in the Rush Community Services Initiatives Program, offering their services at clinics, schools and shelters serving the homeless and poor in Chicago. Since the program began in 1989, volunteers have helped more than 9,000 people.



The latest lab was dedicated this past spring at the James Jordan Boys and Girls Club near the United Center.

But the labs are only part of the picture. The network has expanded as partnerships have been formed with churches, the Chicago Public Schools and social services organizations. The American Association for the Advancement of Science has joined the network, providing funds and guidance. Campaign funds have also supported this and other Rush efforts to help our neighbors in need on the West Side and throughout the city.

Today, 40 elementary schools have math and science clubs offering a variety of teaching methods:

- Using hands-on learning tools such as games and other materials, students learn concepts in mathematics from teachers and volunteers.
- Other schools have science clubs in which students observe and conduct simple experiments with plants and animals provided by funds from the network.
- State-of-the-art laboratory equipment, such as high-powered microscopes, digital scales, videos and other materials, is rotated to nine schools for the Network Scholars Program, which gives promising students a chance to experience hands-on learning.
- Five high schools also have math and science clubs.
- Five churches and three social-service agencies sponsor tutoring and mentoring programs after school and on weekends. They provide a place where students can go after school and get help with homework assignments. In all, 2,000 children, from elementary through high school age, are served by the program.

#### INTERNSHIP PROGRAMS ENTER SECOND YEAR

Last year, the SAME network grew to include an internship program at Rush. With the Medical Center, ServiceMaster and the Chicago Public Schools sharing costs, 20 students who showed aptitude and interest in mathematics or science were offered summer jobs at Rush.

Students learn about the variety of jobs available in health care, working in engineering, nursing, information services, and other departments. Those interested in careers in early-childhood education can work at the Laurance Armour Day School, a preschool and daycare center on the Rush campus. Students take classes in anatomy and mathematics taught by volunteers on the Rush staff. They also receive informal tutoring on workplace behavior and interpersonal skills.

Tavares Briggs, who joined the program last year working in the Radiology Department, returned this year as a budding scientist. He works in the research laboratory of the Rush Cancer Institute, preparing slides that will be used to help scientists understand the mechanisms of cancer.

Down in the basement of the Medical Center, in Medical Center Engineering, high school junior Raul Valdez works in the electrical shop, performing duties from changing lightbulbs to developing a computerized inventory. He's considering a career as an electrical engineer. Tavares and Raul are two of the students who have returned for the second year of the program.

#### THE FUTURE OF THE NETWORK

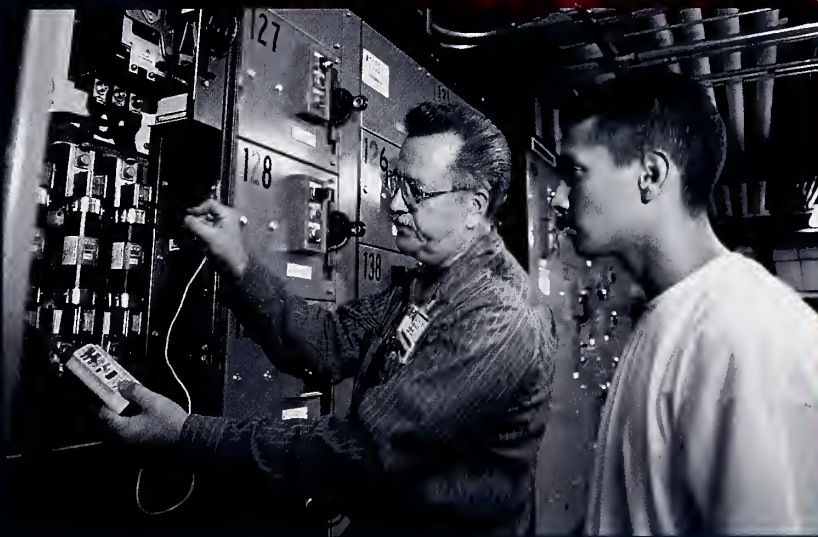
The network is also reaching out to the littlest learners — 3- to 5-year-olds in daycare centers and preschools on the West Side, through a program set to begin next year.

And the network continues to expand its scope. In cooperation with the network's corporate members and the Chicago Public Schools, plans are on the drawing board to develop a premier health sciences academy to open early in the next century.

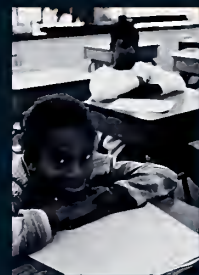
Tavares Briggs, intern in a Rush Cancer Institute laboratory, prepares slides for scientists.



BY SERVING THE MOST VULNERABLE OF OUR  
COMMUNITY, ESPECIALLY THE POOR AND THE  
YOUNG, WE ARE BUILDING EQUITY FOR THEIR  
FUTURE AND THE FUTURE OF SOCIETY.



Electrician Gerry Kaminski shows Raul Valdez how to test electrical circuits.



The SAME network works with elementary school students at 40 schools in Chicago.



# RUSH IN BRIEF

## RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

Rush-Presbyterian-St. Luke's Medical Center is the center of a comprehensive, cooperative healthcare system designed to serve some 3 million people through its own resources and in affiliation with other healthcare institutions.

It includes Rush University, which comprises Rush Medical College, the College of Nursing, the College of Health Sciences, the Graduate College, and a cooperative educational network of 15 liberal arts colleges and universities in six states from Tennessee to Colorado.

Rush is the center for basic and clinical research, with physicians and scientists involved in nearly 2,000 investigations, many of them involving two or more disciplines.

The seven Rush Institutes draw together patient care and research to address major health problems, offering primary healthcare services as well as the latest treatments for arthritis and orthopedic problems, cancer, heart disease, mental illness, diseases associated with aging and neurological problems.

## PRESBYTERIAN-ST. LUKE'S HOSPITAL JOHNSTON R. BOWMAN HEALTH CENTER FOR THE ELDERLY RUSH CHILDREN'S HOSPITAL

Medical staff .....	1,450
Professional nursing staff .....	950
Admissions and observation patients .....	30,931
Average length of stay in days .....	6.8
Patient days .....	192,690
Operations performed .....	21,692
Emergency department visits .....	34,606
Employees .....	7,390

## RUSH UNIVERSITY

### FACULTY AND STAFF

Rush Medical College .....	2,658
College of Nursing .....	342
College of Health Sciences .....	234
The Graduate College .....	116
Medical Staff .....	1,450

### STUDENT BODY

Rush Medical College .....	494
College of Nursing .....	638
College of Health Sciences .....	204
The Graduate College .....	62
Rush University unclassified students .....	63
Residents and fellows .....	622

### RESEARCH

Research projects in progress .....	2,315
Research awards, 1996-1997 .....	\$44,800,039

## LICENSES

Department of Public Health, State of Illinois  
City of Chicago

## APPROVALS AND ACCREDITATIONS

Joint Commission on Accreditation of Healthcare Organizations  
Commission for Accreditation of Rehabilitation Facilities  
Liaison Committee on Medical Education  
Department of Registration and Education, State of Illinois  
North Central Association of Colleges and Schools  
National League for Nursing  
Council on Accreditation of Educational Programs for Nurse Anesthesia  
American Dietetic Association  
Accrediting Commission on Education for Health Services Administration  
Accreditation Council on Graduate Medical Education  
Association for Clinical Pastoral Education  
Commission on Accreditation for Allied Health Education Programs:  
    Accreditation Committee on Perfusion Technology  
National Accrediting Agency for Clinical Laboratory Sciences  
American Council for Occupational Therapy Education  
American Speech-Language and Hearing Association: Standards Board

## MEMBERSHIPS

American Hospital Association  
Illinois Hospital & Health Systems Association  
Metropolitan Chicago Healthcare Council  
Federation of Independent Illinois Colleges and Universities  
Association of American Medical Colleges  
American Association of Colleges of Nursing  
American Association of Allied Health Professionals  
Association of University Programs in Health Administration  
Association for Health Services Research  
Voluntary Hospitals of America

## ACADEMIC AFFILIATIONS

Beloit College  
Benedictine University  
Carleton College  
Colorado College  
Cornell College  
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Knox College  
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Macalester College  
Monmouth College  
North Central College  
Ripon College  
Rosary College  
Wheaton College



# FINANCIAL SUMMARY

## RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

### TREASURER'S REPORT

The financial information provided on the following pages includes the operations of Presbyterian-St. Luke's Hospital; Johnston R. Bowman Health Center for the Elderly; Rush University; ArcVentures, Inc; and the Medical Center's share of the Rush Prudential Health Plans.

The operating results in fiscal year 1997 reflect a net income of \$8.3 million. Cash and investments totaled \$546.2 million at June 30, 1997, up \$28 million from the beginning of the year. This amount includes donor-restricted investments for endowments and capital, which totaled \$332 million, an increase of \$70.3 million during the year. This increase reflects continued philanthropic support, the growth in investments, and a required accounting change to value investments at market, which resulted in \$25 million of the increase.

The endowment investments totaling \$305.1 million at year end earned an 18 percent return in 1997. Over the past five years, the endowment funds have earned an average 14.5 percent return. Trusts for which the Medical Center is an income beneficiary had a market value of \$27.6 million at year end. These trusts are held by various financial institutions and are not included in the Medical Center's financial statements.

The fund balances (net assets), restricted and unrestricted, at June 30, 1997, were \$658.6 million, an increase of \$86 million from the prior year. This increase reflects the results of continued philanthropic support, increasing research awards, investment growth, including the required accounting change, and favorable operating results.

During the year, the Medical Center's hospitals cared for 30,931 inpatients and generated \$482.7 million in hospital revenues. Rush University received \$44.8 million in external research awards, 47.8 percent of which are from the National Institutes of Health. Capital outlays for the physical plant to support patient care, education and research were \$60.6 million in 1997, and included a two-story addition to Rush University facilities.

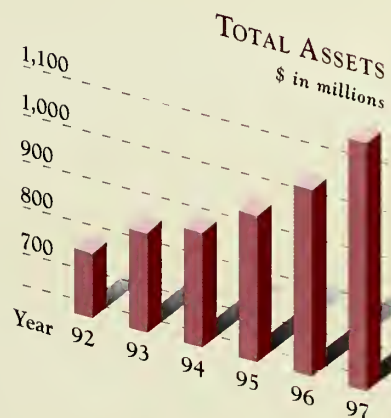
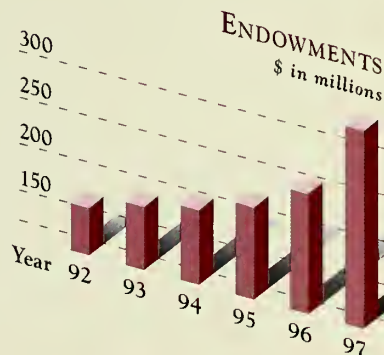
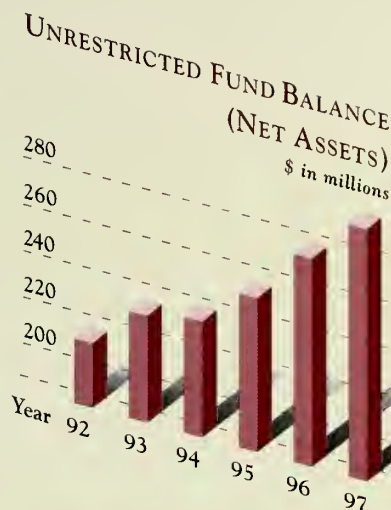
Total assets for the year increased \$74.1 million, to \$1.1 billion at year end.

The Medical Center completed the year in a strong financial position. This continued financial strength will support the growth of the Medical Center and Rush University in the coming years.



KEVIN J. NECAS  
Treasurer

*Kevin J. Necas*



# FINANCIAL SUMMARY

## RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

### BALANCE SHEETS ( \$ in millions )

#### Assets

	Fiscal Year ended June 30	
	1997	1996
Current assets:		
Cash and investments	\$ 164.5	\$ 204.9
Accounts receivable	140.9	121.2
Other	6.6	5.8
<b>Total current assets</b>	<b>\$ 312.0</b>	<b>\$ 331.9</b>
Property and equipment, net	\$ 342.8	\$ 322.1
Assets limited as to use	49.7	51.6
Donor restricted investments		
for endowments and capital	332.0	261.7
Other assets	65.1	60.2
<b>Total assets</b>	<b>\$ 1,101.6</b>	<b>\$ 1,027.5</b>

#### Liabilities & Fund Balances (net assets)

	Fiscal Year ended June 30	
	1997	1996
<i>Liabilities</i>		
Current liabilities	\$ 181.3	\$ 192.7
Self-insurance programs	83.6	80.6
Long-term debt	178.3	181.6
<b>Total liabilities</b>	<b>\$ 443.2</b>	<b>\$ 454.9</b>
<i>Fund Balances (net assets)</i>		
Unrestricted	\$ 288.6	\$ 274.0
Temporarily restricted		
for specific purpose	64.7	56.6
Permanently restricted endowments	305.1	242.0
<b>Total fund balances</b>	<b>\$ 658.4</b>	<b>\$ 572.6</b>
<b>Total liabilities &amp; fund balances</b>	<b>\$ 1,101.6</b>	<b>\$ 1,027.5</b>

### STATEMENT OF OPERATIONS ( \$ in millions )

#### Revenues

	Fiscal Year ended June 30	
	1997	1996
Patient services, net	\$ 482.7	\$ 484.7
University services	92.9	83.1
Investment income	16.9	18.2
Unrestricted contributions and bequests	2.1	5.1
Other, net	45.4	47.0
<b>Total revenues</b>	<b>\$ 640.0</b>	<b>\$ 638.1</b>

#### Expenses

Salaries, wages and employee benefits	\$ 372.9	\$ 357.9
Supplies, utilities and other	213.5	220.5
Depreciation and amortization	34.7	33.8
Interest	10.6	11.5
<b>Total expenses</b>	<b>\$ 631.7</b>	<b>\$ 623.7</b>
Excess of revenues over expenses before special items	\$ 8.3	\$ 14.4
Gain (loss) on special items*	-	5.3
Excess of revenues over expenses after special items	\$ 8.3	\$ 19.7
Changes in unrestricted fund balance (net assets) and other	6.3	1.9
<b>Increase in unrestricted fund balance (net assets)</b>	<b>\$ 14.6</b>	<b>\$ 21.6</b>

\* The 1996 items include a \$7.4 million gain on pharmacy sale, net of taxes, and a \$2.1 million loss related to the sale of a facility.

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William G. Ries  
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*Officer, Lake Forest Hospital*

\*deceased

As of September 10, 1997





Rush North Shore ortho-  
pedic surgeon William  
Meltzer, MD, chairs the  
Rush System's clinical  
pathway committee on  
total joint replacement.

# RUSH SYSTEM FOR HEALTH

A

MARRIAGE

OF

QUALITY

AND

EFFICIENCY

**H**OSPITALS TODAY MUST PLAY A BALANCING ACT BETWEEN MAINTAINING QUALITY CARE FOR THEIR PATIENTS AND KEEPING COSTS DOWN, AS REIMBURSEMENTS SHRINK FROM GOVERNMENT AND INSURERS ALIKE.

The Rush System for Health has developed a comprehensive approach to both issues. This year, the System established a group purchasing organization to serve its member organizations, and installed a system-wide program of quality improvement at the same time.

To ensure that the best clinical practices are in place across the System, six common procedures and conditions, including cesarean section deliveries, total joint replacement and heart attack, are being examined. The quality improvement program is directed by a Clinical Council representing the medical staff at each System hospital.

For each condition, a team is assembled from each hospital, including physicians and other healthcare professionals. The group recommends the steps needed to help patients receive prompt treatment, recuperate easily, be discharged from the hospital as soon as possible, and continue on the road to optimal health at home. Called clinical pathways in the healthcare industry, these steps represent the consensus of healthcare professionals on the most effective and efficient means of caring for a typical patient with a particular problem or illness.

Artificial hip joint,  
seen on X-ray.



The Rush System is working to standardize surgical supplies used in joint replacement surgery.



**P**urchasing may seem an unlikely companion to an endeavor to provide excellence in patient care. But group purchasing ensures that funds that could be applied to better patient care are not wasted through inefficient spending. In the Rush System's plan, it is also being used to develop standards that benefit patient health as well as the bottom line.

Supplies represent 25 percent of healthcare costs. In fact, the System is already realizing considerable savings through its group purchasing organization, due to standardization and better price negotiation with vendors. And by linking a patient database with the System quality initiative, mechanisms can be put in place that allow the Clinical Council to evaluate the success of particular products employed in patient care.

An example is the total hip prosthesis, one of the more expensive products used in patient care. Each year, about 1,700 artificial hip joints are implanted in patients throughout the System. In collaboration with the clinical pathways group, surgeons in the Rush System for Health will evaluate a variety of implants in regard to ease of installation, patient pain, rehabilitation time and, ultimately, how well a particular prosthesis holds up over time. These evaluations will help the System and its physicians decide whether a more expensive implant is worth the cost because it provides superior results for patients, or whether an implant that is less expensive or of equal cost achieves superior results. Members of the Clinical Council and the group purchasing organization hope to reduce costs by 20 percent and improve quality for patients in measurable ways.

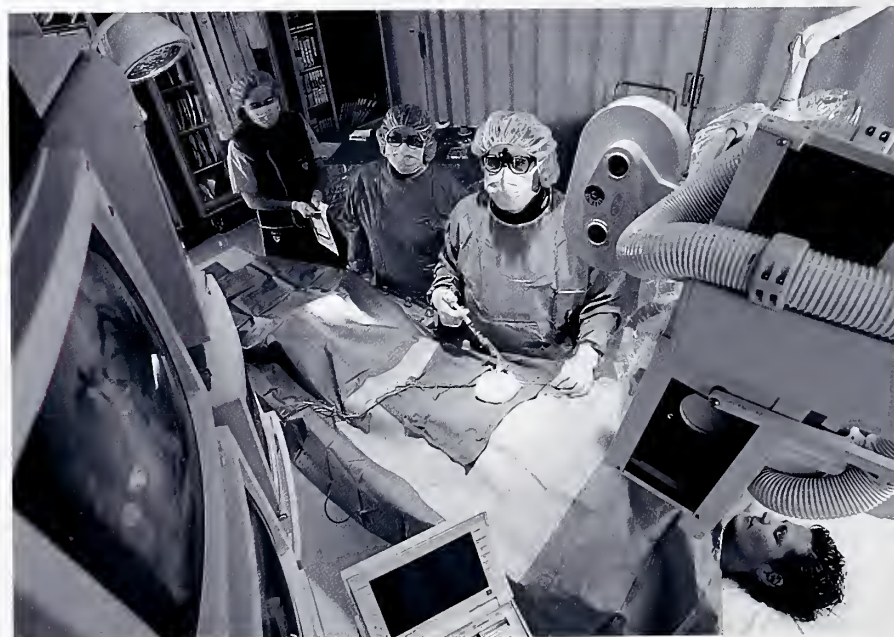
If the pilot is successful, the program will be applied to a growing range of supplies and procedures throughout the System.



Nearly 5,000 women scheduled appointments for screening mammograms at Rush System hospitals during a System campaign in late summer encouraging women to receive mammograms to detect breast cancer as early as possible.



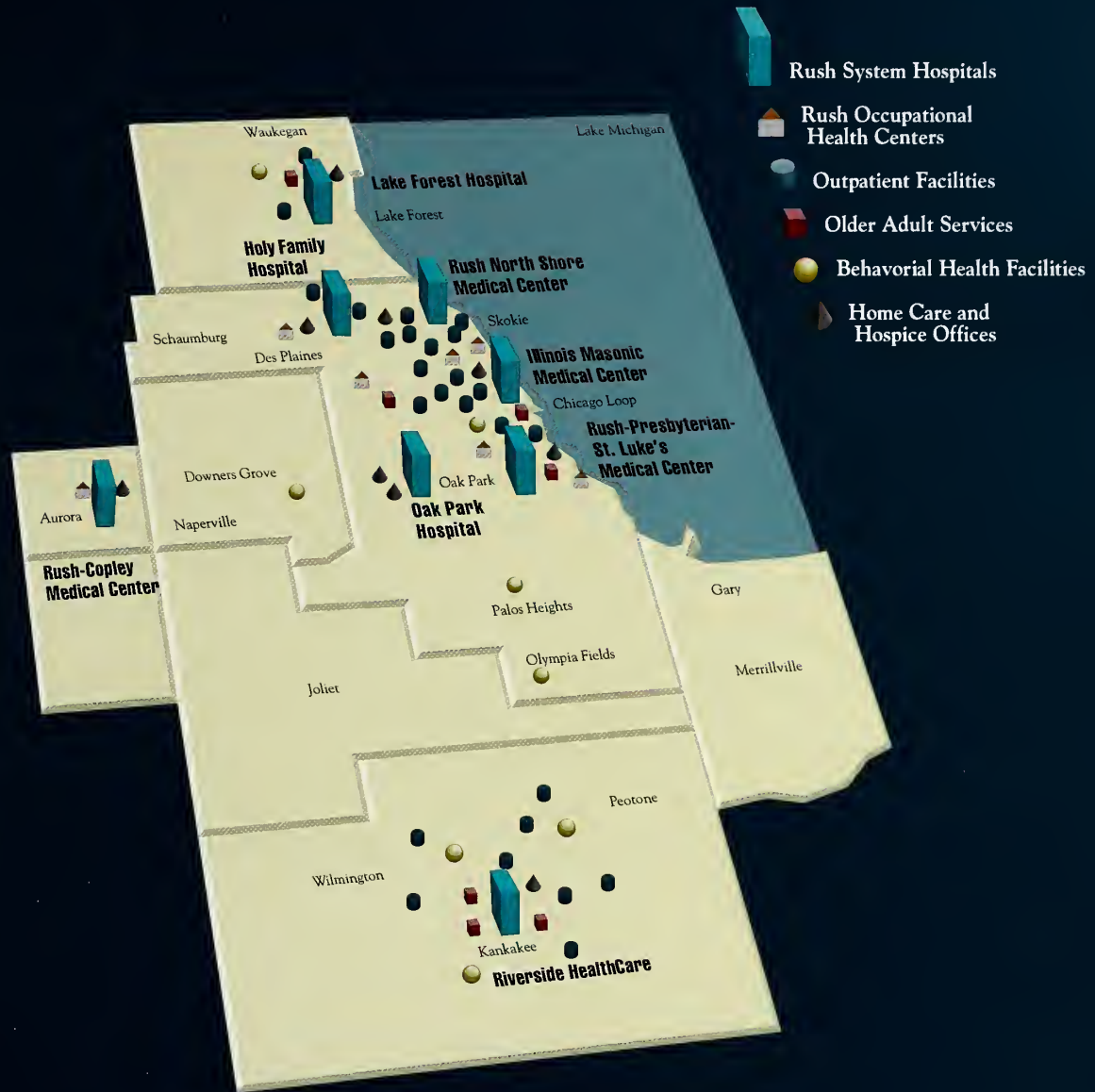
The Rush System for Health now boasts almost 800 primary care physicians at System hospitals, providing basic medical care to thousands of people in metropolitan Chicago and beyond.



The Rush System Clinical Council is evaluating the success of various surgical products in returning patients to health.



# THE RUSH SYSTEM FOR HEALTH AT A GLANCE



Offering a full range of healthcare services, the Rush System for Health includes Rush Occupational Health, Rush Home Care Network, Rush Hospice Partners, Rush Prudential Health Plans, Rush Corporate Health Center, Rush Center for Women's Medicine and ArcVentures, a subsidiary.

Presbyterian-St. Luke's Hospital, a major referral center, provides care from the most basic to the most advanced for patients from metropolitan Chicago and across the country. Other patient-care components of the Rush System for Health are the Johnston R. Bowman Health Center for the Elderly, a rehabilitation and skilled nursing facility at the Medical Center; Rush-Copley Medical Center, in Aurora; Holy Family Medical Center, in Des Plaines; Illinois Masonic Medical Center, in Chicago; Lake Forest Hospital, in Lake Forest; Oak Park Hospital, in Oak Park; Riverside HealthCare, in Kankakee; and Rush North Shore Medical Center, in Skokie.

## BALANCE SHEETS (\$ in millions)

## STATEMENT OF OPERATIONS ( \$ in millions )

## Expenses

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# STATISTICAL SUMMARY

## RUSH SYSTEM FOR HEALTH

### ACUTE HOSPITAL OPERATIONS

	Licensed Beds	Admissions & Observation Cases	Patient Days	Average Length of Stay	Operations Performed	Emergency Department Visits	Births
Presbyterian-St. Luke's Hospital & Johnston R. Bowman Health Center	963	30,931	192,690	6.8	21,692	34,606	2,230
Rush North Shore Medical Center	289	11,613	57,879	5.5	6,739	16,679	668
Rush-Copley Medical Center	142	8,837	32,693	4.4	6,085	24,036	1,731
Illinois Masonic Medical Center	517	20,754	88,156	4.2	9,197	32,546	3,902
Holy Family Medical Center	252	7,573	30,966	4.4	6,214	18,904	559
Synergon Hospitals	622	15,390	90,619	5.9	8,206	29,575	1,005
Lake Forest Hospital	116	7,877	24,178	3.6	6,657	19,973	1,912
Riverside HealthCare	350	9,776	48,159	5.8	6,327	28,720	1,060
<b>Total Hospital &amp; Health Services</b>	<b>3,251</b>	<b>112,751</b>	<b>565,340</b>	<b>5.8</b>	<b>71,117</b>	<b>205,039</b>	<b>13,067</b>

### NURSING HOME OPERATIONS

	Licensed Beds	Resident Days
Warren Barr Pavilion (Illinois Masonic Medical Center)	294	71,716
Westmoreland Pavilion (Lake Forest Hospital)	88	29,304
Miller Center (Riverside HealthCare)	100	26,265
Westlake Pavilion (Synergon Hospitals)	146	49,742
<b>Total Nursing Home Operations</b>	<b>628</b>	<b>177,027</b>



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## RUSH SYSTEM FOR HEALTH

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